Court Ex 1A

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RECEIVED
MAY 23 1969
UNITED STATES ATTORNEY

April 25, 1969

Mr. Edward Joyce
United States Attorney
c/o U. S. Post Office
Buffalo, New York

Re: Stephano Magaddino

Dear Mr. Joyce:

At your request and Judge Henderson's direction, I examined Mr. Magaddino in his home at 5118 Dana Drive, Lewiston, New York, on April 18, 1969. Dr. Victor Pellicano, his personal physician, and Mrs. Magaddino were present. Dr. Pellicano assisted with the history of his current treatment, which includes Digitalis, Aldactazide, Isordil, Propranolol, Coumadin, and approximately ten to twelve nitroglycerine tablets per day. In addition, he takes Librium and medication for prostate disease.

Physical examination reveals an elderly, depressed-appearing, white man with a blood pressure of 165/85. His neck does not reveal any abnormal veins. His chest reveals rales in his right base. His heart is regular; the heart tones are quite distant; there is no gallop heard. He has a Grade II soft, blowing, pansystolic murmur of mitral insufficiency. The abdomen is soft; the liver is not palpable; there are no other masses. The extremities reveal no calf tenderness and no edema.

An electrocardiogram done the day of this examination reveals an intermittent left bundle branch block, a first degree A-V block, and occasional premature ventricular contractions.

My interpretation of this examination and the electrocardiogram includes a diagnosis of extensive arteriosclerotic cardiovascular disease. From the evidence of the current examination, one concludes that he is in some degree of heart failure at this time. This is evidenced by the rales in his chest and the murmur of insufficiency. One other fact that can be established from this examination is the exclusion of a rate-related left bundle branch block. It could be argued that a left bundle branch block appearing during exertion and associated with the more rapid heart rate might have a somewhat benign cause. However, in this case, we have established the left bundle branch block to be present at a slow heart rate, again indicating serious underlying heart disease.

Re: Stephano Magaddino

From this examination and from a previous review of the objective evidence in his records, I can only conclude similarly to my previous conclusion, that this patient could not be safely subjected to any abnormal physical or emotional strain. The institution of such strain may well result in a grave heart attack. I see no likelihood that this condition will improve with time.

Respectfully,

Bernard M. Reen M.D.

Bernard M. Reen, M.D.

BMR/sp

cc Dr. Victor L. Pellicano